

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
**IN THE UNITED STATES DISTRICT COURT**  
**FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

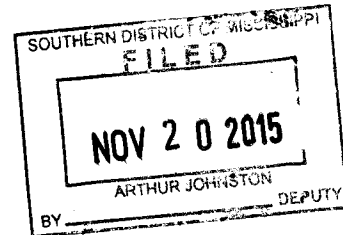
**COMPLAINT**

Johnson K9893  
 (Last Name) (Identification Number)

Keisha LaShay  
 (First Name) (Middle Name)

CMCF QB-QB-D374  
 (Institution)

PO Box 88550 Pearl, MS 39288  
 (Address)  
 (Enter above the full name of the plaintiff, prisoner, and address  
 plaintiff in this action)



CIVIL ACTION NUMBER:

3:15cv844-PT-FKB  
 (to be completed by the Court)

MDOC / CMCF  
Marshall Fisher  
723 N. President St.  
Jackson MS 39200  
 (Enter above the full name of the defendant or defendants in this action)

**OTHER LAWSUITS FILED BY PLAINTIFF****NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No (X)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: \_\_\_\_\_
  - Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_
  - Docket Number: \_\_\_\_\_
  - Name of judge to whom case was assigned: \_\_\_\_\_
  - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): \_\_\_\_\_

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Keisha Johnson Prisoner Number: K9893  
 Address: CMCF QB-2B-0374  
P.O. Box 88550  
Pearl, MS 39288

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Marshall Fisher is employed as  
Commissioner at MDOC/CMCF  
Mississippi Department of Corrections

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: Keisha Johnson ADDRESS: CMCF QB-2B-0374 P.O. Box 88550  
Pearl, MS 39288

## DEFENDANT(S):

NAME: Marshall Fisher ADDRESS: MDOC Commissioner  
723 N. President St  
Jackson, MS 39202

## STATEMENT OF CLAIM

III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

- ① Medical negligence in properly diagnosing Chronic Myeloid Leukemia. Symptoms were reported to MDOC medical staff in 2011. Diagnosis was not made until seen by medical staff while on court order to Hinds County in 2012.
- ② Physicians orders were not followed by MDOC medical staff within reasonable guidelines due to incurring expenses for cancer treatments.
- ③ Patient/Inmate repeatedly reported severe side effects from cancer treatments and other ailments to MDOC medical staff for over two years and has not been seen by qualified physician. (Continued see attached 4A)

## RELIEF

IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

- ① More attentive medical care with monthly physician monitoring by Endocrinologist, Gastroenterologist, and Oncologist while incarcerated.
- ② Medical Release Parole date to be made available immediately due to terminal disease. (Attached 4B)

Signed this 16<sup>th</sup> day of October, 20 15

Keisha Johnson #K9893  
CMCF PO BOX 88580 Pearl MS  
Signature of plaintiff, prisoner number and address of plaintiff 39288

I declare under penalty of perjury that the foregoing is true and correct.

Oct, 10<sup>th</sup>, 2015  
(Date)

Keisha Johnson  
Signature of plaintiff

## Statement of Claim

- III.
- ④ While immunity was compromised patient/inmate was exposed to Staphylococcus and suffered severe pain and anguish from infection when MDOC staff was aware that the housing unit was contaminated.
- ⑤ Proper procedures were followed to request a Medical Release pursuant to § 47-7-4 Conditional medical release; nonviolent terminally ill offenders, by submitting requests to Commissioner Marshall Fisher, MDOC Chief Medical Director Gloria Perry, and MDOC Parole Board were denied without reason while meeting the 3 criteria of (A) offender is suffering from a significant permanent physical medical condition with no possibility of recovery; (B) leukemia is currently a terminal cancer; (C) that further incarceration will serve no rehabilitative purpose. (more than 50% of sentence has been served.) (C) The state will incur unreasonable expenses as a result of continued incarceration. (medical treatments for leukemia will be in excess of \$1 million dollars.
- ⑥ Warden and Superintendent were made aware of medical issues and contributed to the deliberate indifference to the patient/inmates care and unnecessary pain and suffering.

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Relief

IV.

- ③ Punitive damages for pain and suffering in the amount of \$40 million dollars from MDOC and Medical Service Provider

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